

**PREA AUDIT REPORT    INTERIM    FINAL**  
**JUVENILE FACILITIES**

**Date of report:** 11/6/16

<b>Auditor Information</b>			
<b>Auditor name:</b> G. Peter Zeegers			
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<b>Telephone number:</b> 863-441-2495			
<b>Date of facility visit:</b> 10/6/2016			
<b>Facility Information</b>			
<b>Facility name:</b> Bethel Youth Center			
<b>Facility physical address:</b> 950 State Hwy Bethel, Alaska 99559			
<b>Facility mailing address:</b> PO Box 1989 Bethel, Alaska 99559			
<b>Facility telephone number:</b> 907-543-5200			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input type="checkbox"/> Correctional	<input type="checkbox"/> Detention	<input checked="" type="checkbox"/> Other – Juvenile
<b>Name of facility’s Chief Executive Officer:</b> Superintendent Darrell Garrison			
<b>Number of staff assigned to the facility in the last 12 months:</b> 16 Juvenile Justice Officers			
<b>Designed facility capacity:</b> 17			
<b>Current population of facility:</b> 12			
<b>Facility security levels/inmate custody levels:</b> standard			
<b>Age range of the population:</b> 11-20			
<b>Name of PREA Compliance Manager:</b> Darrell Garrison		<b>Title:</b> Superintendent I	
<b>Email address:</b> Darrell.garrison@alaska.gov		<b>Telephone number:</b> 907-543-5200	
<b>Agency Information</b>			
<b>Name of agency:</b> Alaska Division of Juvenile Justice			
<b>Governing authority or parent agency:</b> Alaska Department of Health and Social Services			
<b>Physical address:</b> 240 Main Street Suite 700 Juneau, Alaska 99801			
<b>Mailing address:</b> PO Box 110635, Juneau, Alaska 99801			
<b>Telephone number:</b> 907-465-2212			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Rob Wood		<b>Title:</b> Division Director	
<b>Email address:</b> hss.djj@alaska.gov		<b>Telephone number:</b> 907-465-2212	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Matt Davidson		<b>Title:</b> Program Coordinator/PREA Coordinator	
<b>Email address:</b> matt.davidson@alaska.gov		<b>Telephone number:</b> 907-465-8644	

## **AUDIT FINDINGS**

### **NARRATIVE**

Bethel Youth Center is a 23-bed staff and hardware secured program and is operated by the State of Alaska, in Bethel, Alaska. The facility serves adolescent boys and girls, ages 11-20. The facility employs 16 Juvenile Justice Officers. The facility has one building. There are two separate units located on facility grounds in the building. There is a boys/girl's detention unit and a boy's treatment unit.

This audit was conducted by certified PREA Auditor G. Peter Zeegers. The auditor conducted a Pre-Audit conference call a week prior to the on-site audit to provide agency and facility officials with the current status of the audit process, as well as to expand upon and clarify documents that had been submitted. The auditor did not receive any correspondence or requests from staff or youth prior to the on-site audit.

An on-site PREA Audit was conducted on October 6th, 2016. The entrance meeting was attended by Darrell Garrison, Superintendent I, who also serves as the Facility PREA Compliance Manager, Steven Gentle, Unit Supervisor and G. Pete Zeegers, PREA Auditor. The on-site audit work plan was discussed. Identified/selected youth, staff, and specialized staff for interviews and additional pre-audit information was obtained. The entrance meeting was followed by a tour of the facility led by the Superintendent/Facility PREA Compliance Manager Garrison. All areas of the buildings were viewed, including the administration area, classrooms, multi-purpose room, kitchen, gymnasium, outdoor recreation, the detention unit, and the treatment unit. PREA-related informational posters and the PREA audit notices were observed posted throughout the facility. Additionally, informational pamphlets about PREA and the Sexual Assault Crisis Services were observed in every area where staff and youth might congregate. There were also posters with address and phone number to the Division of Juvenile Justice and PREA hot-line. No SANE or SAFE staff are employed at the facility; however, these professionals are provided at the Yukon Kuskokwim Health Corporation located in Bethel, Alaska, where forensic examinations would be conducted at no cost to the youth and/or their family.

Interviews were conducted with the Agency Head/Designee, Agency PREA Coordinator, Bethel YF Superintendent I, who also serves as the Facility PREA Compliance Manager, Unit Supervisor, intake staff, staff who performs screening for abusiveness and victimization, nursing staff, mental health staff, staff who performs unannounced rounds, volunteer, staff who monitors retaliation, six custody staff randomly selected from each of the three shifts, and six randomly selected youth.

On the day of the on-site audit twelve youth were housed at the facility. There were no PREA-related allegations made in the previous twelve months.

Youth receive information regarding PREA and their rights during the intake process. Additionally, after youth are admitted to the facility they are provided additional information about sexual abuse and harassment in both individual and group treatment. Youth who have experienced trauma, abuse, or victimization are provided mental health services, as identified in their treatment process.

### **DESCRIPTION OF FACILITY CHARACTERISTICS**

The Bethel Youth Facility consists of a Detention Unit with a design capacity of twelve residents and a Treatment Unit with capacity of eleven residents, although current staffing limits the capacity to 5 residents. The Bethel Youth Facility has recently undergone a renovation/expansion to its existing offices and units. This expansion expands the possibilities of the current and future programs that are offered at the facility.

The vast majority of youth admitted to the Bethel Youth Facility are Alaska Natives. Residents this fiscal year represented a wide range of offenses. These young people come to the facility from a wide geographical area representing Barrow, Nome, Kotzebue, Fairbanks, Bethel, and the 56 villages of the Yukon-Kuskokwim Delta. The BYF staff strive to provide detention and treatment services in a manner respectful and supportive of the cultural backgrounds of the residents.

Staff at the Bethel Youth Facility continue to expand community partnerships, participating in the Association of Village Counsel Presidents Community Partners program, Orutsarmiut Native Council's Healthy Families Program and YKHC Family, Infants and Toddlers Program. Treatment unit staff worked closely with staff at the Tundra Women's Coalition, The City of Bethel and local churches to develop meaningful community work service for residents.

The needs for the Bethel Youth Facility are for continued training and support for staff in dealing with the significant number of youth who have Fetal Alcohol Syndrome, substance abuse problems, and other mental health needs. Well over half of the residents at this facility are

on medication for depression or other mental health conditions. These special needs offenders require extra amounts of staff time and resources, such as exceptionally close supervision, development of special programs, medication administration and monitoring, frequent health care appointments, and referrals for services. This is not unlike the experiences of other youth facilities, but is exacerbated by the limited resources available in Bethel, Alaska.

## **SUMMARY OF AUDIT FINDINGS**

The on-site audit was conducted on October 6th, 2016. Six youth screening instruments were reviewed. All were completed within the 72 hour time frame. The youth education acknowledgment forms were completed on day of intake. All staff background screenings reviewed were completed, as well as staff PREA training records being timely and complete. Policies and procedures were verified by reviewing staff files and the staff interviews.

During the on-site audit, it was noted that the 2015 data was not on the State of Alaska website. During the 45 days after the on-site audit the website was updated. It was verified by this auditor on 10/28/2016. The facility is now in full compliance.

The results of the audit indicate that the facility is in full compliance with PREA Standards. A final report is being issued. The facility staff were very helpful, very professional, and well versed in PREA activities at the facility level. The facility response to privacy concerns confirms the facility commitment ensuring to the safety of all youth. It was a pleasure to work with the Superintendent I and his staff.

Number of standards exceeded: 3

Number of standards met: 32

Number of standards not met: 0

Number of standards not applicable: 6

**Standard 115.311 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

PREA policy L-100 mandates zero tolerance toward all forms of sexual abuse and sexual harassment in the facility. The policy details the systems used to prevent, detect, and respond to sexual abuse and sexual harassment. The definitions of prohibited behaviors are clearly defined, as well as the sanctions for those who violate the policy.

The agency has designated a Statewide PREA Coordinator. He is very knowledgeable of PREA requirements and devotes sufficient time and effort in assisting facility staff with PREA-related issues. He has the authority to implement corrective actions if violations occur. The facility Superintendent I serves as the PREA Compliance Manager and reports that he has sufficient time and authority to coordinate the facility’s compliance with the PREA standards.

**Standard 115.312 Contracting with other entities for the confinement of residents**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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This standard is N/A. The State of Alaska does not contract with other agencies for the confinement of residents.

**Standard 115.313 Supervision and monitoring**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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### **corrective actions taken by the facility.**

PREA policy L-100 meets all the elements of the standard. The staffing plan has been completed and was updated on 9/22/2016. The facility embraces the practice of unannounced rounds. Unannounced rounds are documented in logbooks and shift reports. Staff interviews and review of documentation confirmed this practice.

### **Standard 115.315 Limits to cross-gender viewing and searches**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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PREA policy L-100 and facility policy SEC-008 state that staff will be trained in cross gender pat down searches and for use only in exigent circumstances. A review of the training files verify that the training was completed. Policy prohibits searching or physically examining a trans-gender or inter-sex youth for the sole purpose of determining the youth's genital status. This was confirmed during youth and staff interviews.

There are toilets in the youths' rooms with the separate shower area having doors for privacy. There is a system where youth put a blue card between the door and the door jam of their cell, letting staff know they are using the toilet giving some privacy. A red card lets the staff know that they have a question. When the youth need to use the bathroom during daily scheduled activities, there is a staff escort. Both review of policies and interviews with staff and youth confirmed that staff do not view the youth unclothed. There are no cameras that show the shower area.

Each shower room has a door for privacy. Staff members are posted in each living unit when showers and/or bathrooms are in use. Review of the policies and interviews with staff and youth confirmed that opposite gender staff are not permitted to enter or remain in the shower areas of youth.

### **Standard 115.316 Residents with disabilities and residents who are limited English proficient**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

PREA policy L-100 prohibits the use of youth translators, youth readers, or other types of assistance. Youth interviews confirmed that youth are not asked, nor have been asked, to provide interpretive services. The facility uses a Language Service for interpreter services. If it is determined that a youth has limited reading skills, intake and screening staff will read the written materials to the youth until they acknowledge that they understand. All staff during interviews verified their knowledge of this standard. They know that they do not ask for youth interpreters or readers. During interviews staff indicated that they are aware

of the Language Services available and how to access and document.

#### **Standard 115.317 Hiring and promotion decisions**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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The agency conducts extensive background checks and reference checks with multiple entities at hire according to state policy C-2. Background checks are also completed for promotions within the facility and the agency. The Agency conducts background checks every 5 years. Policy addresses all of the elements of this standard. The use of reference checks are performed according to State policy A-4. All personnel files reviewed met the standard criteria. Staff interviews validate the policy.

#### **Standard 115.318 Upgrades to facilities and technologies**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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Completed in December, 2015, the facility underwent a major modification to their building. They went from a 10,000 square foot facility to a 20,000 square foot facility. Technical capability went from "8" to "52" total cameras. Increased storage space went from "5" days to "30" days.

#### **Standard 115.321 Evidence protocol and forensic medical examinations**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion**

**must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The facility does not conduct criminal investigations according to PREA policy L-100. Administrative investigations are conducted by the Office of Children's Services (OCS) with the criminal investigations conducted by the Alaska State Troopers.

Forensic medical exams, when needed, would be conducted at Yukon Kuskokwim Health Corporation located in Bethel, Alaska, at no cost to the youth or their family. The facility has attempted an agreement with Tundra Woman's Coalition to provide victim advocate services, despite an agreement not in place to provide these services, it was confirmed that these services would be provided, if needed. .

#### **Standard 115.322 Policies to ensure referrals of allegations for investigations**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

PREA policy L-100 ensures that an administrative or criminal investigation is completed. Administrative investigations are reported to OCS for investigation. Allegations that are criminal in nature are reported to the Alaska State Troopers.

There were no PREA-related allegations made in the previous 12 months. Staff interviews confirm their knowledge of their reporting duties.

#### **Standard 115.331 Employee training**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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All current staff have completed both facility and Alaska Division of Juvenile Justice PREA Training which includes all of the required topics. This training is specific to youth who are referred to this facility. Refresher training is provided to the staff. Staff also review and sign the PREA Acknowledgement and Notification form. Staff interviews confirmed the practice. Documentation was provided to this auditor during the on-site audit.

#### **Standard 115.332 Volunteer and contractor training**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

PREA policy-100 meets the requirements of the standard. The facility does utilize volunteers, and they are required to complete facility mandatory PREA training. Volunteer training records verify the practice. During an interview with a volunteer, the training was verified.

**Standard 115.333 Resident education**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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Initial youth education is provided during the intake admission process per PREA policy L-100. Youth are provided a PREA pamphlet. They are also provided additional written material on their right to be safe from sexual violence and information and how to report abuse or to request services. If it is determined that a youth has limited reading skills, intake staff will read the written materials to the youth. The facility uses a Language Service to assist a Non-English speaking youth. The youth watch a PREA video during intake. All youth interviews confirmed that they understood the PREA education received and articulated their rights and the various ways they can report an allegation.

This information is further reviewed in greater detail and supplemented with groups and individual counseling sessions within a few days of arrival.

Posters displaying the phone numbers for PREA hot-line and the OCS are visible to youth and staff in the hallways and main lobby area.

**Standard 115.334 Specialized training: Investigations**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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This standard is N/A. The facility does not conduct administrative or criminal investigations.

#### **Standard 115.335 Specialized training: Medical and mental health care**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Medical and Mental Health staff receive specialized Medical and Mental Health professional training through the State of Alaska. The clinicians are available whenever needed. The specialized training meets the PREA training requirements. Medical and mental health staff also receive the same PREA training as other staff. Training documentation, as well as interviews with Mental Health and Medical staff verified the training. The facility does not conduct forensic medical exams.

#### **Standard 115.341 Screening for risk of victimization and abusiveness**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

PREA policies L-100 and L-101 address risk screening. All youth receive a screening at intake, as new information is obtained, and if a youth alleges, or is alleged, to have been a perpetrator of sexual abuse. The facility utilizes the Admission and Placement Screening form, which contains the elements required by the standard. If the results from the Risk Assessment Tool indicates a probability for victimization or sexually aggressive behavior and/or violent behavior, the youth shall be assigned to an appropriate room close to staff posts. If the screening indicates that a youth has experienced prior victimization or has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, the intake staff shall offer the youth a follow-up meeting with a facility mental health and/or medical specialist. The follow-up shall be completed within 14 days. The Intake staff also completes a review of any other medical and mental health screenings that may have been conducted, as well as conversations with the youth during the admission process. Existing court records and case files are also reviewed, if available. Policy requires intake staff, as part of the risk screening process, to ask or monitor youth about any gender non-conforming appearance, mannerisms, or identification as LGBTQQI. Files showed that all screenings were conducted within 72 hours of intake. Youth interviews confirmed that they received a risk screening during the admission

process. Interviews with specialized staff who perform the risk screenings confirmed the comprehensive nature of the screenings and how housing decisions are made. Facility policy strictly controls the dissemination of information gathered from the screening on a “need to know” basis. Staff interviews confirm that the procedure is followed. Youth interviews verify the procedure.

#### **Standard 115.342 Use of screening information**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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Screening, assessment, and collateral information gathered during the intake process is used to place youth in a bed that best ensures each youth’s safety and security according to PREA policies L-100 and L-101. Treatment services are provided on site, if needed. The facility does not utilize isolation as a form of placement for LGBTQQI youth. There were no lesbian, gay, bisexual, trans-gender, questioning, queer, or inter-sex youth in the program during the audit. Policy prohibits housing and related assignments based solely on sexual orientation or identification. This was confirmed through staff interviews. Each youth’s safety is paramount in making these assignments, regardless of other issues.

#### **Standard 115.351 Resident reporting**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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PREA policy L-100 meets the requirements of the standard. Youth interviews confirmed that the facility provides multiple, internal ways for youth to privately report sexual abuse or harassment and retaliation by youth or staff. The youth identified the reporting numbers for state agencies listed on the posters in the hallways, as being one way of reporting. The external reporting agency is Office of Children’s Services (OCS). Youth also stated that they can confide in their lawyer, their Juvenile Case Manager, tell a family member, or tell a staff member. Youth also confirmed that they have access to writing materials during the school day, as well as in the dorm area. Staff interviews confirmed that staff accept all reports whether verbal or written, and from any source. The interviews also confirmed that staff can privately report sexual abuse or harassment of residents using the PREA hotline and/or OCS number.

#### **Standard 115.352 Exhaustion of administrative remedies**

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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Although there is a facility grievance procedure available for the youth, PREA policy L-100 dictates that PREA allegations are not officially utilized by the youth in this capacity. The Facility Superintendent I verified that if a youth turns in a PREA allegation through the grievance procedure, it is immediately reported to the appropriate agencies. This standard is N/A.

**Standard 115.353 Resident access to outside confidential support services**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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The facility currently has an agreement with the Tundra Woman’s Coalition agency to provide a victim advocate and supportive services to youth upon request. Posters containing both the Tundra Woman’s Coalition hot-line number and address are prominently posted in the hallways and lobby areas. Youth interviews confirmed that they are aware of these posters and their right to call and receive confidential support services. The Office of Children’s Services (OCS) information is also posted.

Staff and youth interviews confirmed that staff provide youth with the limitations of confidentiality regarding mandatory reporting laws. Youth communications are not monitored. Youth interviews confirmed that youth who have attorneys can communicate with them confidentially. No youth reported being denied access to their attorneys. All youth reported family visitation and have not been denied access to their families. All youth make phone calls each week to family members and/or write letters.

**Standard 115.354 Third-party reporting**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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The facility uses the OCS and PREA hot-line for third party reporting. Parents and guardians are informed of the hot-line and the procedures for making a report. There is reporting information on the agency's website.

**Standard 115.361 Staff and agency reporting duties**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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All staff are mandated child abuse reporters and receive appropriate training. The external reporting agency is the Office of Children's Services (OCS). Facility PREA policy L-100 requires all staff to also report any retaliation against youth or staff who make a report. State policy strictly prohibits the disclosure of information related to a report of sexual abuse, except on an "as needed" basis in order to make treatment related decisions. Staff interviews confirmed that they know that they are mandatory reporters. Staff interviews also confirmed that medical staff are mandated child abuse reporters. Medical and Mental Health staff indicated during interviews that they inform youth of their duty to report and the limitations of confidentiality.

**Standard 115.362 Agency protection duties**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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There were no instances during the previous 12 months where a youth was subject to substantial risk of imminent sexual abuse. Staff interviews confirmed that they have received training as to how to immediately protect a youth by separating the youth and alleged perpetrator, notifying their supervisor, and completing an incident report. All staff expressed their primary responsibility is the safety of youth in the facility. PREA policy L-100 states that staff will respond accordingly.

**Standard 115.363 Reporting to other confinement facilities**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

There has not been an allegation of sexual abuse reported by another facility in the previous 12 months. PREA policy L-100 requires prompt notification, documentation, and follow-up with the particular reporting facility and is to report such an allegation to OCS. The interview with the Superintendent I verified the practice.

#### **Standard 115.364 Staff first responder duties**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

PREA policy L-100 includes all requirements of the standard. Staff interviews confirmed that they have received first responder training. During interviews, staff could articulate the steps when responding to an incident of sexual abuse. Some staff needed prompting to remember the steps for a first responder. They all knew of the individualized facility's coordinated response plan and checklist, and its location in the facility.

#### **Standard 115.365 Coordinated response**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

PREA policy L-100 meets all requirements of the standard. The facility has an individualized coordinated response plan that includes a First Responder protocol and First Responder Check List that ensures the highest level of coordination amongst and between the various actors. Interviews with staff verify their knowledge of the Response Plan and its location.

#### **Standard 115.366 Preservation of ability to protect residents from contact with abusers**

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Bargaining Agreements defined in the standard are in place and have the required verbiage.

#### **Standard 115.367 Agency protection against retaliation**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

PREA policy L-100 protects all youth and staff from retaliation. This policy includes protective measures, follow up, and periodic status checks, as required by the standard. Although there have been no incidents of retaliation in the past 12 months, staff responsible for taking protection measures could articulate the requirements of the policy during interviews. Youth and staff interviews verified their knowledge of their rights against retaliation.

#### **Standard 115.368 Post-allegation protective custody**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

This is N/A. The facility does not utilize any form of segregated housing.

#### **Standard 115.371 Criminal and administrative agency investigations**

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

This standard is N/A. The facility does not conduct any administrative or criminal investigations.

**Standard 115.372 Evidentiary standard for administrative investigations**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

This standard is N/A. The facility does not conduct any administrative or criminal investigations.

**Standard 115.373 Reporting to residents**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

PREA policy L-100 requires the Superintendent or designee to inform the youth in writing, of the outcome, as required by the standard, unless the allegation is unfounded. The Superintendent/Facility PREA Compliance Manager verified this procedure during his interview.

**Standard 115.376 Disciplinary sanctions for staff**

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

PREA policy L-100 states that staff who violate agency sexual abuse or sexual harassment policies are subject to disciplinary action. Disciplinary actions include a variety of sanctions, including termination. The sanction for a substantiated finding of sexual abuse is termination and that criminal charges could result in incarceration. In any event, the policy states that the type of disciplinary action taken in a specific case depends on a number of variables and should be commensurate to the nature and circumstances of the act(s) committed, among other considerations. Policy requires all allegations of sexual abuse to be reported to the Alaska State Troopers regardless of whether the staff resigns or is terminated. The Superintendent confirmed the procedure in his interview.

**Standard 115.377 Corrective action for contractors and volunteers**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

PREA policy L-100 states that any volunteer or intern who engages in the sexual abuse or sexual harassment of an individual in the custody of the State of Alaska will be terminated.

Further, any contractor who engages in similar behavior will be subject to contract cancellation. The Statewide PREA Coordinator stated during his interview that all substantiated findings would be reported to applicable licensing authorities.

**Standard 115.378 Disciplinary sanctions for residents**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

PREA policy L-100 states that potential disciplinary action could include prosecution for engaging in any type of abuse or sexual activity or for making false accusations. The State PREA Coordinator also clarified that the facility does not make any determination regarding whether a particular activity constitutes sexual abuse. This determination is made by the court system and/or Law Enforcement.

**Standard 115.381 Medical and mental health screenings; history of sexual abuse**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

PREA policy L-100 states that a youth who reveals a history of sexual abuse will be offered a follow-up meeting with a medical or mental health practitioner within fourteen days. These youth are identified, monitored, counseled, and provided appropriate services.

Interviews with medical and mental health staff confirmed that services are provided if requested by a youth. Facility policy strictly controls the dissemination of information related to sexual victimization or abusiveness of youth on an as “need to know” basis. Staff interviews confirmed that youth are informed of the limits of mandatory child abuse reporting and confidentiality.

**Standard 115.382 Access to emergency medical and mental health services**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

PREA policy L-100 requires access to unconditional, immediate emergency medical and mental health services at no cost to the youth or family, not only for youth victims of sexual abuse, but for all youth in the facility. Although there were no youth victims of sexual abuse during the prior 12 months, facility policy requires that the youth victim be provided with information regarding STD prophylaxis. Medical staff reported that this would be provided at the hospital.

**Standard 115.383 Ongoing medical and mental health care for sexual abuse victims and abusers**

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

There were no youth victims of sexual abuse at this facility during the prior twelve months. PREA policy L-100 requires any youth victim be provided with ongoing medical and mental health services.

#### **Standard 115.386 Sexual abuse incident reviews**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

PREA policy L-100 meets all of the requirements of the standard. A form to be used in case of a sexual abuse allegation, was reviewed and met all of the requirements of the standard. Interviews with members of the Incident Review Team verified that the system is in place. There were no incident reviews completed as there were no allegations of sexual abuse in the last year.

#### **Standard 115.387 Data collection**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The agency collects, aggregates, and maintains the data, as required by the standard. The data instrument collects the data necessary to answer all questions from the USDOJ Survey of Sexual Violence. State policy E-2 meets all elements of the standard.

#### **Standard 115.388 Data review for corrective action**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

During the on-site audit, it was noted that the 2015 data review was not on the State of Alaska website. During the 45 days after the on-site audit the website was updated. The facility is now in full compliance. The facility has conducted the 2015 review which is posted on the State of Alaska Department of Juvenile Justice Website. This auditor was also provided with the reviews from 2011, 2012, 2013, and 2014. The agency has prepared an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. The report includes a comparison of the current year's data and has provided an assessment of the agency's progress in addressing sexual abuse.

**Standard 115.389 Data storage, publication, and destruction**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The agency meets the requirements of this standard. DJJ has a public website which features all Federal PREA Reports, PREA Brochures, and information regarding PREA.

**AUDITOR CERTIFICATION**

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

G. Peter Zeegers

11/6/16

Auditor Signature

Date